

Louisa County

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Community Health Needs Assessment Snapshot

Promote Healthy Behaviors

Problems/Needs:

- Immigrant and refugee populations lack access to preventive health services primarily due to lack of trained translators to assist with assessment and communication. Qualified translators are not available during times when assistance.
- Reproductive health services for the underinsured and uninsured and especially for teens. High rate of STIs and teen pregnancies in the county and no services available within the county. Clients must travel to Burlington for birth control services and public transportation is not available at times students would be able to travel.
- High rates of untreated diabetes especially among Latinos and white males.
- Childhood obesity.
Insufficient educational support for families with infants and young children.
- Lack of programs and resources to promote exercise for senior citizens, especially during winter months when routine outdoor activities are not possible due to health and safety concerns.
- Promote use of appropriate immunizations among adults age 60 years and older.
- High occurrence of binge drinking among all age groups and both genders. The county has a rate for drug and alcohol related domestic violence and other crimes against persons and property that exceeds state averages and rates in counties with similar demographic profiles.
- Increased awareness of the health and safety risks associated with the use of tobacco in all forms. WE continue to have establishments that are non-compliant with no smoking regulations by not enforcing posted warnings.

Prevent Injuries

Problems/Needs:

- High rates of domestic violence, child abuse and antisocial behaviors resulting in acute and long term injuries or disabilities
- Inadequate use of safety procedures and equipment when operating farm machinery and recreational vehicles including ATVs, boats, motorcycles, SUVs and non-motorized street vehicles.

Protect Against Environmental Hazards

Problems/Needs:

- Inadequate inspection of food service facilities. Currently permanent county food establishments are inspected every 12 to 18 months rather than 2 times annually. We have no way to keep an accurate count of how often or even whether temporary facilities may be inspected. There are concerns that this has a high potential to lead to a health problem in the county.
- Lack of public awareness of environmental issues that diminish the health and safety of home environments

Prevent Epidemics and the Spread of Disease

Problems/Needs:

- High rate of STIs in all age groups and both genders.
- Inadequate volunteers with ability to assist in disease tracking and follow-up in the event of a public health emergency

Prepare for, Respond to, and Recover from Public Health Emergencies

Problems/Needs:

- Lack of actual emergency preparedness interventions by individuals. When questioned individuals and families can list appropriate actions and resources to prepare for emergencies however when asked what actions they have taken to become prepared a majority will respond that they have made no preparedness plans.
- County is lacking a adequate Volunteer Medical Corps to supplement staffing in the event of an emergency

Strengthen the Public Health Infrastructure

Problems/Needs:

- Inadequate transportation services to assist special needs clients with access medical care. Major concern for cancer patients and frail citizens who cannot safely use existing systems. There are so few of these clients within the county that this issue is not identified as a priority.
- Lack of intercommunity cooperation has resulted in increased fragmenting of existing medical services based on location.
- Lack of adequate health insurance coverage for low-income families resulting in lack of access of health prevention and promotion services.

Community Health Improvement Plan

Goal	Strategies	Who is responsible?	When? (Timeline)
Increase usage of Newborn Family Home Visitor Program by 10% for families with newborn infants within 2 weeks of initial discharge from hospital.	LCPH will continue Partnership with Stork's Nest to increase awareness of program availability and benefits	Designated LCPH staff/Newborn Program Coordinator	Program is currently active and will continue as long as funding and community support is available.
	LCPH will continue to seek funding opportunities (grants and local support) for the Newborn program	LCPH Administrator/ Newborn program coordinator	March 2011
	LCPH will use Facebook Page to promote related messaging and by posting link on county website.	Alana Poage/ Heidi Pallister	February 2011

Goal	Strategies	Who is responsible?	When? (Timeline)
Louisa County will develop a sustainable Volunteer Medical Corps of at least 15 individuals to supplement staffing in the event of a public health emergency.	LCPH will partner with community organizations, fraternal groups and faith based groups to promote understanding of and participation in the VMC program.	LCPH Administrator/EH Director	Initiated by March 2011 and ongoing through 2011 and beyond as indicated.
	LCPH will use FACEBOOK page to promote and publicize VMC development and planning.	Alana Poage/Heidi Pallister	Initiated by March 2011 and ongoing through 2011 and beyond as indicated.

Goal	Strategies	Who is responsible?	When? (Timeline)
All permanent food service facilities within Louisa County will be inspected at least annually (every 12 months) and all temporary food service establishments will be fully inspected in accordance with state code and mandates.	Louisa County Environmental health will seek authority to provide inspections of food establishments within Louisa County	Staci Griffin/Louisa County Board of Health	July 2011
	Louisa County will assure adequate trained staff within the county to perform food inspections in accordance with state codes and mandates.	Staci Griffin/Louisa County Board of Health	July 2011
	Louisa County will assure that all organizations and vendors providing temporary food services within Louisa County will have full access to code information and guidance on complying with safe food distribution.	EH staff as designated	July 2011
	Louisa County EH staff will continue to collaborate with Washington County EH staff to identify and implement best practices.	EH staff as designated	December 2011

Goal	Strategies	Who is responsible?	When? (Timeline)
Increase number of individuals and families who self report that they have actual emergency preparedness preparations in place for safety in the event of natural disasters and emergency situations.	LCPH will collaborate with county EMS, Fire and rescue to promote education and training related to emergency preparedness preparations.	LCPH PHER coordinator	Throughout 2011
	Collaborate with Louisa County 4-H to conduct county wide survey of individual and family preparedness preparations to establish measurable baseline for assessing achievement toward goal.	LCPH Administrator/LCPH PHER Coordinator	August 2011
	LCPH and EH will collaborate to establish expanded preparedness information on resources on the Louisa County Iowa website.	Heidi Pallister	May 2011
	Preparedness resource information and advocacy will be featured on LCPH FACEBOOK site. Information will include all national safety and awareness programs such as Weather	Alana Poage, Heidi Pallister and LCPH and EH staff as	In place by 6/1/11 and ongoing throughout 2011

	safety, Fire prevention and safety, flood preparedness and response, and new programs as they are developed.	designated.	and beyond as indicated
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Goal	Strategies	Who is responsible?	When? (Timeline)
Louisa County residents will attain an increased awareness understanding of environmental issues that diminish the health and safety of home environments.	LCPH and EHstaff will complete Healthy Homes training.	Andy Beaver/ Alana Poage	August 2010
	Healthy Homes printed resources will be provided to all libraries, city halls and community centers within the county as resource materials.	EH Coordinator	April 2011
	Healthy Homes printed resources will be made available to community service and fraternal organizations as part of public education programs.	EH Coordinator	Starting in September 2010 and continuing throughout 2011 and beyond as indicated.
	LCPH and EH staff will collaborate with ISU Extension in Louisa County to provide individual and group training on mold remediation and related health issues with focus on increased risks related to flooding and high humidity within buildings.	EH Specialist/EH Director /LCPH Administrator	Starting in September 2010 and continuing throughout 2011 and beyond as indicated.